

REC 16-718

Login Username

NHPUC 1JUL'16AM10:41

Login Email

NH Public Utilities Commission

REC Aggregator Portal

New Users [CLICK HERE](#) to setup your account for this form. Creating an account enables you to partially complete the form and return later to finish it or to make changes after the form is submitted. Be sure to create your account **BEFORE** entering information into the form, or the information will be lost.

Existing Users [CLICK HERE](#)

Basic Information

Aggregator Batch Number

Aggregator name

Facility Owner Name

Facility Address

Facility Town/City

Facility State

Facility Zip

Mailing Zip

Primary Contact

Karen Tenneson

Facility Information

Class

II

Utility

Unitil

Other Utility Name

To obtain a GIS ID contact:

James Webb

408 517 2174

jwebb@apx.com

GIS ID (include "NON")

NON85774

Date of Initial Operation

05/19/2016

Facility Operator Name, if applicable

Panel Make #1

Sunpower

Panel Model

E20-327

Panel Quantity

32

Panel Rated Output

327

Other panel make

Other panel model

More Panel types?

- ☒ No
☐ Yes

Panel Make #2

Panel Model

Panel Quantity

Panel Rated Output

More Panel types?

- ☒ No
☐ Yes

Panel Make #3

Panel Model

Panel Quantity

Panel Rated Output

System capacity based on panels

Inverter Make

Other inverter make

Inverter Quantity

32

Additional Inverter Make

None

Add'l Inverter Quantity

Rated Output - Primary Inverter

215

Rated Output - Additional Inverter

System capacity based on single inverter make

6880

System capacity based on two inverter types

System capacity in kW as stated on the interconnection agreement

10.24

Revenue Grade Meter Make

Revenue Grade GIS Approved Meter

HIALEAH

Other revenue-grade GIS-approved meter

Was this facility installed directly by the customer (no electrician involved)?

- ☐ Yes
☒ No

Electrician Name & Number

Troy Diamond 12218M

Other Electrician Name & Number

Installation Company

Granite State Solar

Other Installation Company Name

Other Inst. Company Address

Other Inst. Company City

Other Inst. Company State

Other Inst. Company Zip

Equipment Vendor Company Name

Independent Monitor Name & Company

Paul Button - Energy Audits Unlimited

Other Monitor Name and Company

Is the installer also the equipment supplier?

- ☒ Yes
☐ No

Equipment Vendor

Please attach your completed interconnection agreement including Exhibit B.

https://fs30.formsite.com/jan1947/files/f-5-99-7107203_OCd2h282_lockhart_ex_b_signed.pdf

The project described in this application will meet the metering requirements of PUC 2506 including:

Electricity generation in megawatt hours shall be reported to the GIS quarterly with a statement that the submission is accurate by the owner of the source, the independent monitor or a designated representative.

A revenue quality meter (meeting ANSI C-12.1-2008 for installations up to and including 10 kW, or ANSI C12.16 or better for installations greater than 10kW up to 1 mW) is used to measure the electricity generated.

The facility owner has certified to the independent monitor that the meter operates according to manufacturing standards.

The meter shall be maintained according to the manufacturer's recommendations.

The project is installed and operating in conformance with applicable building codes.

A copy of the facility's interconnection agreement is attached.

Please attach additional document here


https://fs30.formsite.com/jan1947/files/f-5-168-7107203_j38ld2nj_Lockhart_NHOS.pdf

Please attach additional document here

https://fs30.formsite.com/jan1947/files/f-5-173-7107203_SQgnKqkp_Lockhart_SPIA.pdf

Aggregator statement of accuracy

Sign your name using a mouse or, if you are using a touch-screen device, a stylus or other pointer.



Print Name

Karen Tonnesen

Date Signed

06/28/2016



Certificate of Completion for Interconnection

Installation Information:

_____ Check if owner-installed

Customer or Company Name (print): Jeff Lockhart

Contact Person, if Company: _____

Mailing Address: 110 West Paris Rd

City: Concord State: NH Zip Code: 03301

Telephone (Daytime): (603) 228-4236 (Evening): _____

Facsimile Number: _____ E-Mail Address: pbnjlockhart@gmail.com

Address of Facility (if different from above): _____

City: _____ State: _____ Zip Code: _____

Electrical Contractor's Name (if appropriate): Granite State Solar

Mailing Address: 197 North Main St

City: Boscawen State: NH Zip Code: 03303

Telephone (Daytime): (603) 369-4318 (Evening): _____

Facsimile Number: _____ E-Mail Address: justin@granitestatesolar.com

License number: 0366 C State: NH

Date of approval to install Facility granted by the Company: 01/06/2016

Application ID number: 1724

Inspection:

The system has been installed and inspected in compliance with the local Building/Electrical Code of

Concord Merrimack NH
(City/County/State)

Signed (Local Electrical Wiring Inspector, or attach signed electrical inspection): 

Name (printed): Craig Billingham

Date: 5/19/16

As a condition of interconnection you are required to send a copy of this form along with a copy of the signed electrical permit to Unitil at the following address:

Unitil Corporation
Attention: Generator Interconnections
6 Liberty Lane West
Hampton, NH 03842

New Hampshire PUC REC Certification Application Owner Statements

The information provided on this application for New Hampshire Renewable Energy Certificate eligibility is accurate to the best of my knowledge and I authorize Knollwood Energy to act on my behalf in filing said application.

The project described in this application will meet the metering requirements of PUC 2506 including:

Electricity generation in megawatt hours shall be reported to the GIS quarterly with a statement that the submission is accurate by the owner of the source, the independent monitor, or a designated representative.

A revenue quality meter is used to measure the electricity generated.

The facility owner has certified to the independent monitor that the meter operates according to manufacturing standards.

The meter shall be maintained according to the manufacturer's recommendations.

The project is installed and operating in conformance with applicable building codes.

JEFF LOCKHART

Printed Name of signature owner

Jeffery Lockhart 8/13/16
Signature of system owner



UNITIL ENERGY SYSTEMS, INC.
INTERCONNECTION STANDARDS FOR INVERTERS
SIZED UP TO 100 KVA (Continued)

Simplified Process Interconnection Application and Service Agreement

Contact Information: Date Prepared: 11/10/15
Legal Name and address of Interconnecting Customer (or, Company name, if appropriate)
Customer Name (print): Jeff Lockhart Contact Person, if Company: _____
Mailing Address: 110 West Paris Rd
City: Concord State: New Hampshire Zip Code: 03301
Telephone (Daytime): (603) 228-4236 (Evening): _____
Facsimile Number: _____ E-Mail Address: pbnjlockhart@gmail.com

Alternative Contact Information (e.g., system installation contractor or coordinating company, if appropriate):
Name: Granite State Solar
Mailing Address: 197 North Main St
City: Boscawen State: New Hampshire Zip Code: 03303
Telephone (Daytime): (603) 369-4318 (Evening): _____
Facsimile Number: _____ E-Mail Address: justin@granitestatesolar.com

Electrical Contractor Contact Information (if appropriate):
Name: _____ Telephone: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____

Facility Information:
Address of Facility: 110 West Paris Rd
City: Concord State: New Hampshire Zip Code: 03301
Electric Service Company: Unitil Account Number: 140577-1030876 Meter Number: 464972 ✓
Inverter Manufacturer: SunPower Model Name and Number: E19-320 Quantity: 32
Nameplate Rating: .320 (kW) _____ (kVA) _____ (AC Volts) Single ☒ or Three _____ Phase
System Design Capacity: 10.24 (kVA) _____ (kVA)
Net Metering: If Renewably Fueled, will the account be Net Metered? Yes ☒ No _____
Prime Mover: Photovoltaic ☒ Reciprocating Engine ☐ Fuel Cell ☐ Turbine ☐ Other _____
Energy Source: Solar ☒ Wind ☐ Hydro ☐ Diesel ☐ Natural Gas ☐ Fuel Oil ☐ Other _____
UL 1741.1 (IEEE 1547.1) Listed? Yes ☒ No _____
Estimated Install Date: TBD Estimated In-Service Date: TBD

Customer Signature

I hereby certify that, to the best of my knowledge, all of the information provided in this application is true and I agree to the Terms and Conditions on the following page:

Interconnecting Customer Signature: Jeff Lockhart Title: Homeowner Date: 11/10/15

Please attach any documentation provided by the inverter manufacturer describing the inverter's UL 1741 listing.

Approval to Install Facility (For Company use only)

Installation of the Facility is approved contingent upon the terms and conditions of this Agreement, and agreement to any system modifications, if required (Are system modifications required? Yes ☐ No ☒ To be Determined _____):

Company Signature: [Signature] Title: Mgr. Dist. Date: 11/6/16

Company waives inspection/Witness Test? Yes ☐ No ☐